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CONFIRMATION NO. 5492

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/649,283 | 08/26/2003 | 700 | 1797 | 4L01.1-066 | | |
| RULE | | | | | | |
| APPLICANTS Christopher T. Maus, Sagle, ID; Craig A. Coad, Cataldo, ID; Jackson B. Connolly, Post Falls, ID; Noah M. Coad, Cataldo, ID; James L. Moody, Wilsonville, OR; Kenn A. Nesbitt, Spokane, WA; Kenneth D. Clegg, Mead, WA; | | | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/436,323 11/08/1999 PAT 6,602,469 which claims benefit of 60/107,707 11/09/1998 and claims benefit of 60/144,705 07/20/1999 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 11/17/2003 | | | | | | |
| Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /SAM P SIEFKE/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY ID | SHEETS DRAWINGS 30 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 2 |
| ADDRESS MEHRMAN LAW OFFICE, P.C. ONE PREMIER PLAZA 5605 GLENRIDGE DRIVE, STE. 795 ATLANTA, GA 30342 UNITED STATES | | | | | | |
| TITLE Personal Health Card Accessed Secure Medical Data Storage System | | | | | | |
| FILING FEE RECEIVED 425 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |